Wisconsin Department of Safety and Professional Services fail To: P.O. Box 8935 Office Location: 1400 E. Washington Avenue

Mail To:

Madison, WI 53708-8935

(608) 261-7083

FAX #: Phone #: (608) 266-2112 (option 3)

Madison, WI 53703 E-Mail: <u>DSPSSbManfHomes@wi.gov</u>

Website: http://dsps.wi.gov

PERMISSION TO PICK UP OR DELIVER TITLE

Permission is required for the Wisconsin Department of Safety and Professional Services to deliver a title to someone other than the registered owner.

Owner Information					
Owner(s) Name:					
Manufactured Home Inform	ation				
Serial Identification Number	Year	Make			
I, the undersigned owner, gi above identified home, to th			iver, in person ¹	or by mail, th	ne title for the
Name of Person Picking Up T	itle:				
Company Name (if applicable):				
Address	Street		City	State	Zip
Signature of owner/o	co-owner is required:				
X			Dated:		
	Owner Name				
X			Dated:		
	Co-Owner Name				

SBD-10883 (Rev 5/16)

¹ You will be required to show a valid Identification Card or Diver's License from Wisconsin or another jurisdiction. If you do not have your Driver License or ID card with you, we will mail the title to the owner of the manufactured home. One \$15 window fee applies to in person transactions.